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INFORMATIONAL NOTICE

TO: Enrolled Hospitals – Chief Executive Officers, Chief Financial Officers, Patient Accounts Managers and Utilization Review Departments

RE: Utilization Review – Changes to Diagnosis Codes Subject to Review

The ICD-9-CM Coordination and Maintenance Committee, a Federal Interdepartmental Committee co-chaired by the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), has updated the diagnosis and procedure codes in the ICD-9-CM coding book, effective October 1, 2004. The purpose of this notice is to inform providers which of the new ICD-9-CM codes will be subject to utilization review. **The changes will be effective with admissions occurring on and after January 1, 2005.**

The following summarizes the changes that will take effect with admissions on and after January 1, 2005.

Explanation of Changes

There are certain conditions that have both an underlying etiology and multiple body system manifestations. ICD-9-CM conventions require that the underlying condition be sequenced first followed by the manifestation code. Manifestation codes are never to be used alone or as the *principal diagnosis*. The following manifestation codes have been deleted from Attachments A and B:

- Attachment A Deletion - 310.1
- Attachment B Deletions - 293.0, 293.81, 293.82, 293.83, 293.84, 293.9, 294.0, 294.8 and 294.9.

The following code has been deleted from Attachment C, as it is no longer valid as a four-digit code:

- Attachment C Deletion - 707.0

The following codes have been added to Attachment C and will be subject to Concurrent Review:

- Attachment C Additions - 250.81, 453.40, 453.41, 453.42, 491.22, 707.00, 707.01, 707.02, 707.03, 707.04, 707.05, 707.06, 707.07, and 707.09.

In the future, when a diagnosis code has been subject to review and ICD-9-CM coding guidelines mandate a coding change requiring a 4th or 5th digit, the 4th or 5th digit code extension will automatically be subject to review. The department will not send a notice to providers identifying this type of coding change.

The ICD-9-CM coding changes also include description changes for some of the diagnosis codes subject to review. The detailed description changes are located on HealthSystems of Illinois' (HSI) Web site at <www.hsofi.org>.

This notice is located on the department's Web site at <<http://www.dpaillinois.com/hospitals/>>. Attachments A, B, C, and D are located on the department's Web site at <<http://www.dpaillinois.com/proqio/>>. No changes are being made to Attachment D, "DRG Codes Subject to Retrospective Prepayment Review." Attachment D was last updated via an informational notice dated June 25, 2004. Attachment D is located for convenience along with Attachments A, B, and C on the Web site.

To reduce copying and mailing cost, the department may not always include hardcopies of attachments referenced in notices and bulletins. Web site links will be identified so providers may view and print the material from the Internet. Providers wishing to receive automatic e-mail notification of new provider information issued by the department, may register at the following web sites:

<http://www.dpaillinois.com/provrel/> or <http://www.ildpa.com/provrel/>

Any questions regarding this notice may be directed to the Bureau of Maternal and Child Health Promotion at 217-524-7478.

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Administrator
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